Peace and Conflict Studies

Volume 26 | Number 2 Article 4

11-2019

Learning Together to Heal: Toward an Integrated Practice of Transpersonal Psychology, Experiential Learning, and Neuroscience for Collective Healing

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Abstract

This essay brings together complementary insights from transpersonal psychology, experiential learning, and neuroscience to develop an integrated framework of psychosocial healing in societies affected by conflict and trauma. While transpersonal psychology examines the spiritual and transcendental aspects of psychosocial wellbeing, research on experiential learning examines how people learn from direct experience. Recognizing that both are useful for psychosocial healing, the first part of the essay explores how the two sets of activities can complement each other. Of particular interest is the role of transpersonal exercises such as yoga and meditation, as well as the purposeful use of experiential learning techniques such as storytelling, rituals, and metaphors. To examine the scientific foundations of these activities for psychosocial healing, findings from neuroscientific studies supported by the latest technology of neuroimaging will be discussed. The final section of the essay introduces a brief case study of the Ubuntu Center for Peace, a Rwanda-based nongovernmental organization dedicated to community-based psychosocial support. The case study illustrates how the proposed integrative framework can be used to tackle a real-world context of conflict and trauma. It includes preliminary findings from a program evaluation of the community-based social healing initiative that the Ubuntu Center carried out in Rwanda.

Keywords: *reconciliation; trauma; healing; experiential learning; neuroscience; transpersonal psychology; Rwanda; Africa*

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Tatsushi Arai and Jean Bosco Niyonzima

Destructive events such as violent conflicts, mass killings, genocides, terrorism, and natural disasters traumatize people. Once traumatized, people develop intrusive memory and proclivity to flashbacks, reliving traumatic events. Slight provocations can cause them emotional outbursts. Traumatized minds are disempowered, fearful, distrustful, and resentful (Yoder, 2005). They tend to avoid engaging others and stay isolated (Condon & Cane, 2011). Unhealed traumas can generate prejudice, discrimination, and alienation. Trauma-affected relationships can in turn sustain and accelerate a cycle of vengeance and violence transmitted from generation to generation (Volkan, 2006). To reverse this cycle, society must heal from trauma.

Healing means rehabilitation of the traumatized body, mind, and spirit. It is a sustained process in which a concurrent effort to seek closure, or farewell to revenge, is essential. When society is traumatized, healing must take place collectively. Collective healing requires collective rehabilitation. It consists of an integrated process of naming collective wounds together, processing them together, and interpreting their meanings together to envision a future free from revenge and violence.

This essay explores how the three interconnected fields of transpersonal psychology, experiential learning, and neuroscience can complement each other to facilitate trauma healing in conflict-affected societies. As a growing sub-field of psychology, transpersonal psychology views the spiritual and transcendental realms of human experience as an integral part of psychosocial wellbeing. It is an inquiry into psychology that takes the inseparable link between the body, mind, and spirit seriously. Experiential learning, in the meanwhile, means learning from direct experience. It consists of an iterative process of direct experience, reflection, identification of lessons, and application of the lessons to learning and action for continuous improvement. Finally, neuroscience is a scientific study of how the nervous system, including the brain, supports mental and physiological processes that preside over human behavior, cognition, and emotion. Each of the three concepts will be elaborated later.

A research project to integrate these three fields was inspired by the authors' practical experiences in using techniques of transpersonal psychology, such as meditation and yoga, to their psychosocial support initiatives in conflict-affected societies. They have also experimented with the use of these techniques to facilitate conflict resolution dialogues and trainings in which experiential learning exercises have been used extensively. While the two areas of inquiry and practice—transpersonal psychology for healing, and experiential learning—differ in scope and purpose, they also overlap significantly. The use of rituals and kinesthetic movements for conflict resolution, for example, illustrates this overlap; a skillful use of rituals and kinesthetic movements can activate different senses (LeBaron, MacLeod, & Acland, 2013), orchestrate a creative, experiential way of learning about oneself and others (Arai, 2015), and facilitate self-reflection and relationship building that can prepare conditions for healing (Lederach & Lederach, 2010; Volkan, 1997). The recognition of the overlapping functions of experiential learning and transpersonal psychology helps generate an important question: if there is a way of integrating and complementing the two fields, how can their combined strength expand our contribution to collective trauma healing, that is, a process of *healing* supported by collective *learning* about oneself and others? Our effort to answer this question will be informed by lessons from practical experience as well as by scientific evidence. Recent developments in neuroscience such as the use of neuroimaging have expanded the scope of empirical evidence on the effectiveness of the two forms of inquiry and applied practice. Given these developments and observations, this essay poses three questions:

1. What is the relationship between transpersonal psychology and experiential learning?
2. What empirical evidence does neuroscience offer to either support or challenge the effectiveness of transpersonal psychology and experiential learning in their application to trauma healing?
3. What are the implications of our answers to these two questions for applied practice and policymaking as contributions to collective healing?

Answers to these questions can advance not only an integrated approach to theory-building but also effective and ethical practice. As co-leaders of the Ubuntu Center for Peace, a nonprofit organization established in 2015 to promote evidence-based practice in trauma healing in Rwanda and other African countries, the two authors of this paper seek to apply findings from this study to the Center's future activities. It is hoped that the implications of the findings will be useful for civil society practitioners and policymakers searching for effective methods of collective healing.

The primary sources consulted for this paper are the studies conducted by leading scholars in transpersonal psychology, experiential learning, and neuroscience. The two authors' experiences as active practitioners in the field are also incorporated into the following sections to illustrate key concepts. The essay starts with conceptual overviews of transpersonal psychology and experiential learning, respectively. It then proceeds to answer each of the three research questions.

Transpersonal Psychology

Transpersonal psychology is a scientific study of the spiritual and transcendental dimensions of psychosocial wellbeing. Transpersonal literally means "beyond the masks" as the Greek word persona refers to a mask or ego. Transpersonal therefore means "beyond the personal." The concept of transpersonal describes an experience of transcending a self-identified notion of self. It suggests the need to understand the psychological and spiritual essence of self. It recognizes the oneness of the body, mind, and spirit. It also recognizes the interconnectedness of oneself to others, to the natural environment, and to the universe at large. Metaphorically, transpersonal psychology views waves as part of an ocean and branches as part of a tree. Neale Donald Walsh (2004) described this perspective as "Singular Outflows of the Universal Life" or SOUL. Transpersonal psychology thus represents an alternative to the well-established mode of atomistic and mechanical thinking that western psychology has long developed and mainstreamed (Varela, Thompson, & Rosch, 1991).

Transpersonal psychology views nature as sacred because it understands that all beings are connected to cosmic energy. It prescribes doing no harm to Mother Nature because of its commitment to the oneness of humanity and the natural environment. Transpersonal psychology also understands that one's suffering is inseparable from others' just as one's enjoyment is inseparable from that of others. It views differences between people as a foundation for building diversity, mutual understanding, and coexistence. It values humanitarian service to others.

While there are many ways of practicing transpersonal psychology (Walsh & Vaughan, 1993a), meditation is their common core. To affirm the central role of meditation, Walsh and Vaughan (1993b) argued that meditation is the royal road to transpersonal consciousness just as dreams are the royal road to the Freudian analysis of the unconscious. Despite the diversity of meditation practices, they share the goals of awareness building, critical reflection on the role of ego, and recognition of the oneness of body and mind, as well as the interdependence between self and others.

Of interest in our inquiry are the types of meditation involving movements of the body. These types of meditation can increase mindfulness as they stimulate awareness of internal experiences, muscle movements, body positions, and weight (Farb et al., 2015). They sensitize nerve endings to sharpen awareness of the movements and connections between different parts of the body.

Increased mindfulness enhances attentiveness to what goes on in the body, mind, and their external environment. It builds on the practice of breathing as a way of perceiving and embracing sounds, thoughts, feelings, and sensations without judgment. It involves recognizing a human experience as it is (Farb et al., 2015).

The traditional Chinese practices of qigong and t'ai chi as well as the Indian practice of yoga exemplify mindfulness exercises. They are all contemplative and "embodied" practices because they require physical movements designed to enhance mindfulness. These mindfulness practices combine posture, meditation, and breathing. According to Schmalzl, Crane-Godreau, and Payne (2014), they serve as voluntary, spontaneous ways of releasing previously suppressed internal sensations and overt movements to restore mindfulness as they generate heat and tingling sensations in the extremities. These sensations, once aroused, can help restore memory, balance, coordination, creativity, a sense of fulfilment, and connection between self, others, and the environment (Gendlin, 1982). Through these internal changes, mindfulness practices can contribute to trauma healing.

While rituals are not a core practice of transpersonal psychology, the widespread use of rituals with religious and cultural significance is worth noting. As Levine (1997) observed, Shamanist rituals, in particular, use drumming, chanting, dancing, and trancing to mobilize community support under the leadership of traditional healers. These rituals seek to empower suffering community members to bring forth their inherent healing capacity. Some of these rituals use plant substances and other pharmacological materials. The effects of the rituals can be so dramatic that participants seeking medical support often shake and tremble at the end. Rituals of this nature are widely practiced and deeply rooted in local cultures throughout the world. They are often practiced as part of local adaptations of well-established religious traditions.

Research shows that transpersonal practices in Rwanda in the aftermath of the 1994 genocide have generated positive impact on victims suffering from Post-Traumatic Stress Disorder (PTSD). Condon and Cane (2011), for example, reported on the effect of the six weeks of mindfulness practice in which 32 genocide survivors participated in 2010. The mindfulness practice they introduced is called Capacitar, which means empowerment,

encouragement, and bringing to life in Spanish. Capacitar is an integrated practice of t'ai-chi, tapping exercises, massaging, acupressure, and visualization. To evaluate Capacitar's impact on the 32 Rwandan participants, Cordon and Cane (2011) first identified how many of them had been suffering from nightmares, insomnia, flashbacks, chronic fatigue, depression, and headaches, respectively, before they were introduced to Capacitar. The researchers then asked the participants suffering from each of the PTSD symptoms whether they were still suffering from the same symptom on completion of the six-week program. They found that none of the 27 participants who used to suffer from nightmares no longer had nightmares on completion of the six-week program. They also found positive effects of Capacitar on the other symptoms, namely, chronic fatigue (with the number of suffering participants declining from 28 to 2), headaches (from 23 to 9), flashbacks (from 19 to 7), insomnia (from 17 to 0), and depression (from 4 to 1). Moreover, Cordon and Cane (2011) observed that most of the participants who had completed the six-week program felt transformed and gained greater confidence to become active members of Rwandan society.

Experiential Learning

Experiential learning means learning from direct experience. It is a process for learners to directly interact with a real-world context in which phenomena of interest are happening in real time. The learners use their own senses, for example, seeing, hearing, touching, smelling, and tasting, to come to terms with what the phenomena in question mean to them. Experiential learning is thus distinguished from rote learning and more conventional forms of academic learning in general, in which learners typically receive secondhand information from their teachers or otherwise read somebody else's writings.

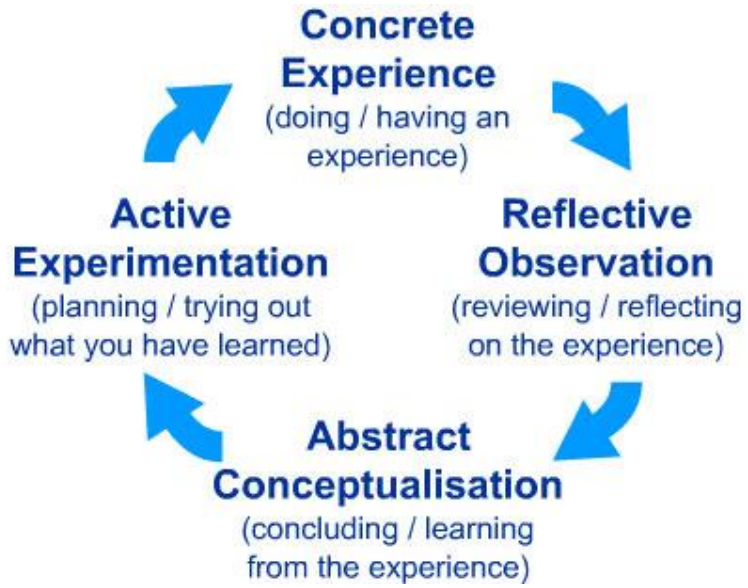
Drawing on the works of such pioneering thought leaders as Jean Piaget, Kurt Lewin, and John Dewey, David A. Kolb (1976) developed a theory of experiential learning that has been widely used across many fields of social practice and inquiry from education to business. Kolb's theory consists of the following four cumulative phases:

- *Concrete experience*, in which a learner engages in a hands-on experience by interacting with a real-world context.
- *Reflective observation*, in which the learner reflects on what happened, what worked and what did not work.
- *Abstract conceptualization*, in which the learner considers how to apply lessons from the experience and reflection to future action.

- *Active experimentation*, in which the learner uses each iteration of experience, reflection, and application for continuous learning and improvement.

One way of visualizing a learning cycle comprised of these four phases is as follows:

Figure 1. Four Phases of Experiential Learning.



(Adopted from http://www.simplypsychology.org/learning-kolb.html)

While recognizing the diverse ways in which experiential learning theory has evolved through scholarly contributions such as Kolb's, this study views experiential learning as a generic category of participant-centered learning that requires the participants' direct engagement in social reality, in general, and conflict-related phenomena, in particular. Conflict-related phenomena of interest include violence, polarization, trauma, healing, and reconciliation. Our distinct emphasis in social learning is therefore intended to highlight not only a learning process itself but also a process of *social engagement*. The latter requires the participation of conflict-affected people in social change. Their participation may be either passive (being merely reactive to the context of conflict) or proactive (purposefully working to transform the context).

An essential quality of social learning as a basis for social engagement is transformative social experience, that is, an experience of direct participation in social reality capable of transforming the opinions, beliefs, actions, and relationships of the learners and participants. While a transformative social experience derived from experiential learning can emerge spontaneously and serendipitously (Lederach, 2005), it can also be created

intentionally. LeBaron (2002), for example, presents three tools of communication that can purposefully facilitate social learning, transformative social experience, and conflict resolution. The three tools are metaphors, stories, and rituals. Each of the tools is explained below.

Metaphors are symbolic representations of a message. Metaphors highlight selected attributes of ideas that the interlocutors intend to communicate, often making these ideas evocative and memorable. One of the authors of this paper (Arai) recently facilitated a professional workshop in Washington, DC, where he introduced a history tour led by U.S. diplomats and government professionals serving as tour guides to their international counterparts from Asia, Africa, the Middle East, and Europe. The suggested role of these American professionals was to share their family histories, personal experiences, and feelings about the monuments they visited with their international colleagues including a Pakistani government professional from a tribal area under U.S. drone attacks. Visits to war memorial sites gave the American participants an opportunity to share their parents' and grandparents' stories about the Second World War and more recent international conflicts in which the United States had been involved. Despite the existing tensions between the U.S. government and the governments of the home countries of the other workshop participants, their shared experience of visiting and talking informally about important national identity symbols appeared to humanize and deepen their interactions. The transformative effects of this visit, like other history tours organized in previous workshops, were evident in the deeply personal nature of the reflections that the participants volunteered to offer in a debriefing after the visit. A purposeful use of the national symbols facilitated experiential learning, which in turn enabled the Americans and Pakistanis to humanize each other and build relationships.

Stories refer to narratives told and shared with interlocutors. A story typically has a beginning and an end. It conveys a theme and meaning that the teller of a story wishes to communicate. The Washington workshop mentioned above illustrates a way in which storytelling can foster a transformative social experience and facilitate experiential learning for deep self-reflection and relationship-building.

Rituals refer to routinized social practices that enable people to assign meanings of symbolic and spiritual importance to events and experiences. Examples of rituals include prayers, holiday gatherings, wedding ceremonies, funerals, rites of passage, and cleansing and reconciliation ceremonies. Rituals encourage their participants to imagine transcending the ordinary nature of daily life and entering a unique social and spiritual space outside the ordinary. When applied to experiential learning, rituals can be interpreted broadly to include a

purposeful use of theater, music, games, kinesthetic movements, moments of silence, and various other means of orchestrating a social experience of being outside the ordinary. In a recent workshop carried out in the Middle East for humanitarian professionals from opposing sides of the war in Syria, some of the participants chose to silently enact two funerals. One of them remembered a victim killed on one side of the conflict. The other funeral remembered a victim killed on the other side. The participants held caskets on their shoulders. They ceremoniously walked through the spacious workshop room while the rest of the participants, all coming from severely conflict-affected communities, observed the ceremony in silence. Refraining from specifying which casket was carrying a victim from which side of the conflict, the participants performing the ritual used the power of symbolism to illustrate the universal nature of human suffering caused by war. Given the depth and authenticity of the conversations that followed the ritual, the ritual appeared to have helped generate empathy and openness among the participants suffering from trauma and distrust.

While empirical evidence of the effects of these tools of experiential learning is still limited, an experimental study on storytelling Nike Carstarphen (2004) carried out suggests a useful starting point of inquiry. Carstarphen's experiment (N=81, undergraduate students as research participants) compared the effect of storytelling on ethnic conflict with another condition—a rational, analytical explanation of the same conflict. Carstarphen examined the extent to which each of these two treatments could either soften or harden the research participants' attitudes toward the other side of the conflict. To this end, the experiment first asked the research participants—who were all unknowingly playing the role of negotiators on only one side of the conflict—to carefully read the scenario of a hypothetical ethnic conflict in addition to reading their opponents' hostile statement. The experiment then asked a fixed number of randomly selected research participants to complete a questionnaire designed to measure the baseline attitude toward their imaginary opponent described in the scenario. (The questionnaire was comprised of eight dimensions of measurement. It included questions about the research participants' feelings toward the opponent as well as about the level of the research participants' empathy with their opponent.) The remaining participants, who did not fill out the pretest questionnaire, were randomly divided into multiple treatment groups. One of the treatment groups read an additional document presenting stories about the opponents' personal experiences in conflict. Another group read an additional document presenting a rational analysis of the conflict. After reading these additional documents, all the treatment groups filled out a questionnaire designed to measure the research participants' attitudes

toward their opponent and the conflict. Statistically significant outcomes included the following:

- The story group developed a significantly more positive attitude than the baseline group with respect to five of the eight (63%) dimensions of the measurement.
- The story group developed a significantly more positive attitude than the rational explanation group with respect to one of the eight (13%) dimensions of the measurement.

Carstarphen's study provides at least partial evidence of the effectiveness of storytelling to facilitate experiential learning and build empathy across social divides.

The three tools of experiential learning and relationship-building described by LeBaron (2002)—metaphors, stories, and rituals—serve as what Arai (2006) referenced as cultural carriers. Defining culture as a shared pattern of meaning-making, Arai (2006) argued that a pattern of thinking shared between cultural communities across generations has a discernible logic. A cultural carrier, Arai (2006) described, is a cultural code embedded in a symbolic object, act, or idea capable of communicating its meaning from one social context to another, just as a grammatical rule helps communicate the meaning of spoken and written words from one person to another. History textbooks, children's songs, fairy tales, folklore, religious prayers, ceremonies, national holidays, anthems, martyrs, heroes, portraits printed on postage stamps and currencies, monuments, museums, and the names of people, streets, cities, buildings, and universities are among many examples of cultural carriers that embody and transmit cultural codes (Galtung, 2014; Zerubavel, 2003; Dower, 2012).

The three major tools of experiential learning and social engagement discussed earlier can therefore serve as cultural carriers capable of transmitting patterns of deep-rooted cultural thinking from one generation to the next. This is because the tools of experiential learning help ensure a set of cultural practices that enable identity groups to enact and reenact social experiences of historical importance to keep their inherited identity and culture intact. For example, evocative symbols such as objects of worship may represent a sacred memory of ancestors' prayers, honors, and sacrifices. They facilitate a transmission of the collective memory to future generations. Stories and rituals preserving the memory can complement such a historical process of transmission.

In his highly influential book *Imagined Communities: Reflections on the Origin and Spread of Nationalism*, Benedict Anderson (1991) examined the question of cultural codes, which represent an extension of the tools of experiential learning. Anderson's distinct

contribution is its ability to scale up the level of analysis to the macro-historical and societal level.

Anderson (1991) analyzed how contemporary colonialists and national elites have used censuses, maps, and museums to build imagined national identities in Southeast Asia. Through his analysis of historical records, he identified definable patterns of collective thinking underlying the historical process of nation-building. As Anderson demonstrated, censuses invent simplified categories of ethnically, religiously, and regionally diverse populations. Under the pretext of taxation and conscription policies, censuses also serve to incorporate social hierarchies comprised up of population categories into the collective memory of modernized nations. Maps marking national boundaries and differentiating national territories with monolithic colors produce an image of sameness among traditional communities confined within state boundaries. History and geography lessons using the maps reinforce the image of sameness. Moreover, museums produce new narratives of historical continuity from pre-colonial times to contemporary state-making. Importantly, these codes and carriers of collective memory institutionalize and replicate standardized experiences of social learning. Through such a historical process, state-sponsored mechanisms of memory construction such as censuses, maps, and museums generate and sustain stable patterns of collective learning on a massive scale.

Empirical and conceptual support for the potency of these tools and cultural carriers can be found in the application of psychoanalysis to large identity groups in conflict. Vamik Volkan (1997; 2004; 2006), a pioneer in the psychoanalysis of ethno-political conflict, has carried out several case studies on large-group identities affected by political violence. His analysis demonstrated that conflict-affected communities' experiences of catalytic events shape their mental representations of the events, which in turn shape these communities' self-images as well as their images of their opponents. Volkan (1997; 2004) also observed that through shared experiences of rallying around leaders in times of crisis, performing public ceremonies to remember common losses, and honoring sacred symbols of wounded nationhood, conflict-affected communities can transmit their mental representations of glory and trauma from generation to generation. Moreover, Volkan (2004; 2006) noted that caretaker-child relations in families play a powerful role in the transgenerational transmission of glory and trauma. Volkan (2004) also explored how conflict-affected communities can reverse cycles of trauma and revenge by adopting constructive interpretations of their traumatic experiences.

Based on the cumulative insights from Volkan (1997; 2004; 2006), LeBaron (2002), Carstarphen (2004), Arai (2006), and Anderson (1991), we argue that a purposeful use of experiential learning tools and cultural carriers can promote constructive meaning-making and social healing. The remainder of this essay will explore this theme further.

How Transpersonal Psychology and Experiential Learning Are Complementary

Having reviewed the concepts of transpersonal psychology and experiential learning, we will explore how these two areas of inquiry intersect and complement each other. As previously mentioned, transpersonal psychology connects Self to Other, Self to society, and Self to the environment. Transpersonal psychology develops and restores the wholeness of human connection. Experiential learning, on the other hand, consists of learning from direct social experience, making meaning through reflection, and applying lessons from experience into action. When applied to conflict-affected communities and nations through the use of learning tools and cultural carriers, experiential learning generates shared social experiences that either facilitate or hinder collective healing. Insights from these two areas of inquiry suggest four ways in which the two areas complement one another:

Proposition 1: Transpersonal psychology can guide experiential learning.

Transpersonal psychology can help restore the interconnected nature of human relationships as a vision for which a practice of experiential learning may strive. The link between the two areas is strengthened when the philosophical foundations of transpersonal psychology are purposefully used to practice experiential learning for healing.

Proposition 2: Experiential learning can create enabling conditions for an effective application of transpersonal psychology.

Experiential learning exercises such as storytelling and rituals can help conflict-affected people reflect on their conflict experiences and derive positive meanings from them. These exercises can increase the exercise participants' readiness to try transpersonal practice for psychosocial healing, which is arguably a deeper goal in psychoanalytic terms than what experiential learning alone can achieve. Such a catalytic role of experiential learning is plausible because experiential learning can facilitate reflection and meaning making about Self, Other, and their connection. An experience of deepening self-awareness and positive making-meaning can in turn enable traumatized individuals and communities to feel more grounded and better prepared to restore human connection. It must be noted, however, that such a constructive application of experiential learning is likely to materialize when and only when the participants in experiential learning are not severely traumatized and they thus have a functional body-mind connection to exercise self-awareness. (Also see point 3 below.)

Proposition 3: When people are so severely traumatized that they lack psychosocial readiness to make use of experiential learning, transpersonal practice can help them achieve the foundational requirements of self-awareness and learning capacity.

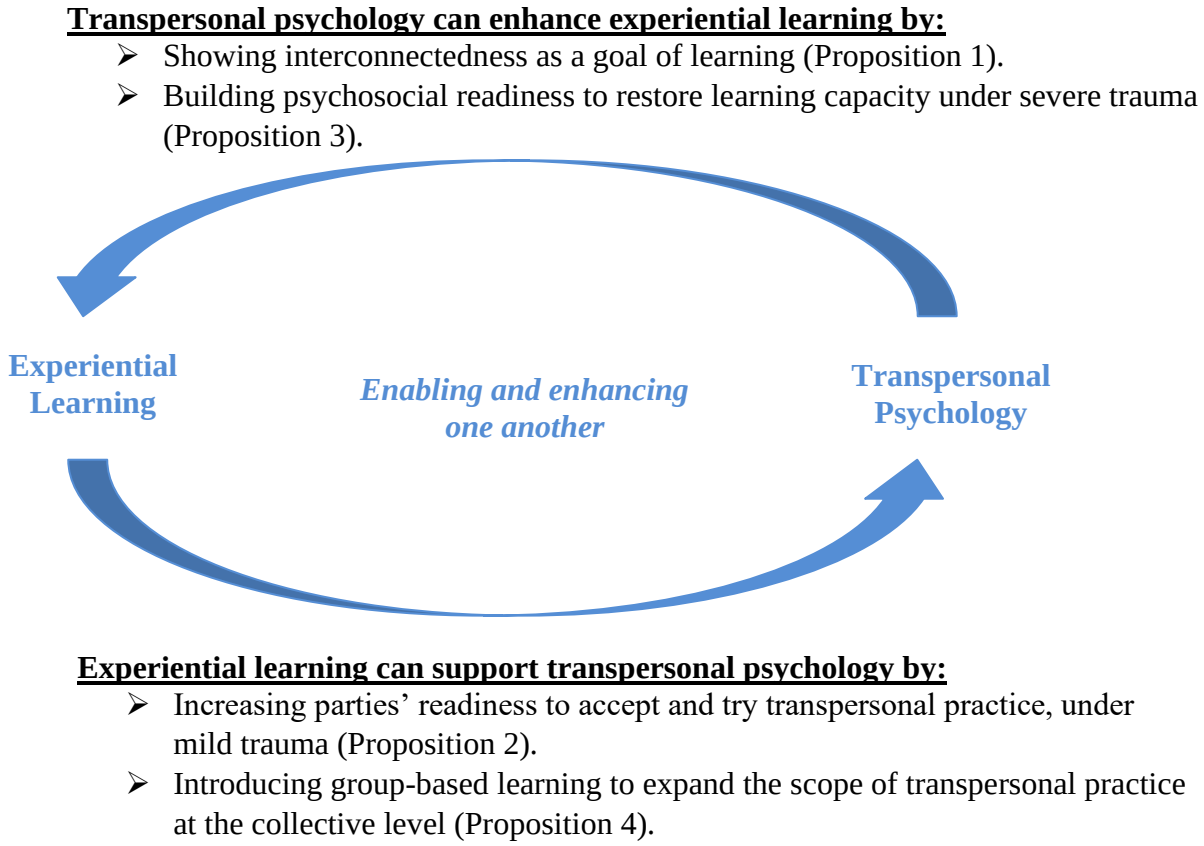
Severe traumas deprive affected individuals of their body-mind connection. Severe traumas can also negatively affect self-awareness and self-worth. Under these extreme circumstances, effective experiential learning activities are unlikely to take place. Well-designed and facilitated transpersonal practices can support the affected individuals' self-motivated efforts to restore a functional mind-body connection, self-awareness, and self-confidence. Such transpersonal practices can help them gradually rebuild their ability to engage others in society and make use of experiential learning. Conceptually, while proposition 2 views experiential learning as a point of entry into transpersonal practice, proposition 3 prioritizes transpersonal practice as a means of healing that can be utilized to prepare the traumatized mind and body to restore their oneness and make use of experiential learning.

Proposition 4: Transpersonal psychology can incorporate tools of group-based experiential learning to build a sense of togetherness, spiritual connection, and collective healing.

While some individuals practicing meditation and mindfulness may prioritize working on their inner spiritual realms and stay isolated from one another, they may also choose to carry out transpersonal practices collectively in order to build spiritual bonds. Well-designed rituals, for example, can facilitate both experiential learning and applied practice in transpersonal psychology. An extended period of silence and deep self-reflection as part of public ceremonies, religious rituals, and reconciliation dialogues can integrate complementary elements of transpersonal psychology and experiential learning for collective healing. Through a skillful use of experiential learning, transpersonal practice, which focuses primarily on individual healing, can be applied to collective healing on a larger scale.

Figure 2 summarizes the four ways in which transpersonal psychology and experiential learning can complement each other:

Figure 2. A Cycle of Experiential Learning and Transpersonal Psychology.



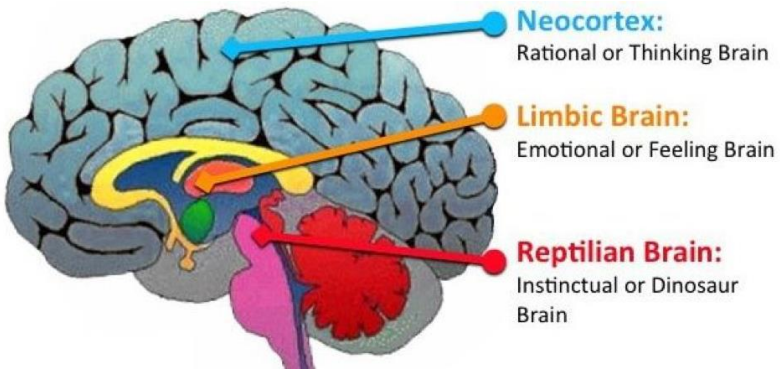
The following sections of this essay will discuss additional empirical support for the four propositions with an emphasis on Propositions 2 and 3.

Neuroscientific Foundations of Transpersonal Psychology and Experiential Learning

Neuroscience is the scientific study of the nervous system including the brain. Recent advances in neuroscientific technology and experimentation present an unprecedented opportunity for researchers to examine the empirical foundations of transpersonal and experiential approaches to trauma healing. To establish a useful basis of the discussion on neuroscientific research that will follow, a brief overview of the functions of the brain is in order.

The human brain consists of three major parts, the reptilian brain, the limbic system, and the neo-cortex, as illustrated below:

Figure 3. The Human Brain.



(Adopted from https://runtheedge.com/the-psychology-behind-training-for-your-first-race/)

The reptilian brain is part of the brain stem, which controls heart rate, breathing, eating, and sleeping. The reptilian brain is connected to the hypothalamus, which is located directly above the reptilian brain. The hypothalamus regulates the hormonal system and the Autonomic Nervous System (ANS). The latter coordinates the body's unconscious functions. The limbic system, on the other hand, presides over emotion, long-term memory, motivation, and olfaction (smell). It is the seat of the amygdala, which registers threats. The amygdala instructs the hypothalamus to release stress hormones, which in turn instruct the body to take a fight-or-flight response. If the heightened state of fight or flight remains unresolved, the human body either freezes or collapses. Together with the reptilian brain, the limbic system constitutes an integrated system of the emotional brain. Lastly, the neo-cortex facilitates conscious, rational thinking. It is the seat of the Media Prefrontal Cortex (MPFC), which moderates the aforementioned pre-programmed responses to fear stimulated by the amygdala. The MPFC is part of the brain structure that develops self-awareness in the body, the mind, and the environment.

A functioning brain can process threat (Yoder, 2005). To deal with threatening circumstances in which a fight-or-flight or freeze mode is activated, the brain generates various expressions of social engagement. These expressions range from calling out for help to comforting others. In a traumatized state of the mind, however, the brain's ability to facilitate skillful social engagement is severely compromised because the amygdala remains on high alert and confines the brain to a fight-or-flight or shutdown mode.

Considering these functions of the human brain, how can applied practices of transpersonal psychology and experiential learning enable traumatized people to overcome the fight-or-flight and shutdown modes? How can they effectively support traumatized people to

regain psychosocial health? As Bessel van der Kolk (2014) observed, community-based practices of singing, playing, drumming, and dancing can help traumatized people restore human connection and self-worth. Such community practices can help them create a safe space for authentic storytelling and attentive listening. They can also help traumatized people gradually regain a capacity to make use of diverse expressions and means of social engagement.

Storytelling is useful for trauma healing because it helps organize memories into a coherent whole (van der Kolk, 2014). Storytelling can help acknowledge and name feelings associated with social experience. In so doing, storytelling can stimulate the limbic system and help generate "aha" moments through sense-making. Through such psychosocial and psychobiological processes, storytelling can help restore self-worth. (The psychosocial effect of storytelling, a method of experiential learning, supports Proposition 2 discussed earlier.)

An essential requirement of effective storytelling for healing is the brain's self-regulatory capacity to be self-aware and fully connected to the rest of the body. When trauma has harmed the human mind so severely that the self-regulatory system sustaining the mind-body connection no longer functions normally, restoration of this connection must be prioritized to rebuild self-awareness. A functional mind-body connection, once restored, can make the exercise of storytelling more meaningful. Moreover, it can increase the chances of storytelling to facilitate healing. (This point about the mind-body connection as a requirement of healing supports Proposition 3.)

How, then, can traumatized people whose self-regulatory systems have been harmed restore the mind-body connection? Research on the effects of transpersonal practice seeks to answer this question. Lazar (2005), for example, studied the effects of insight meditation on the brains of 20 individuals. Lazar's study used Magnetic Resonance Imaging (MRI), a brain screening tool, to measure changes in the meditation practitioners' brain structures. The study compared the brain structures of the meditating participants with those of the other research participants who did not meditate. The results show that the meditation practitioners developed thicker interoceptive brain structures, which are parts of the brain that process stimuli from inside the body. The brain structures Lazar (2005) studied include the insula cortex, which presides over emotion and self-awareness, and the prefrontal cortex, which makes judgment.

Van der Kolk (2014) provided additional support for Lazar's findings. He analyzed the effect of 20 weeks of yoga practice on six women suffering from recent experiences of severe trauma. His findings indicated that yoga practice can restore the functions of the insula cortex

and portion of the prefrontal cortex thereby restoring the participants' self-regulatory systems and self-awareness. Based on these findings, van der Kolk (2014) inferred that yoga practice can generate body movements capable of stimulating positive changes in the brain, which can in turn contribute to trauma healing.

In a different study in which 64 women with chronic PTSD as well as a record of failure to respond to previous medication and therapy participated, van der Kolk et al. (2014) demonstrated how 10 weeks of yoga practice successfully reduced their PTSD symptoms. Their study showed that 16 of the 31 yoga practitioners (52%) were able to lower the level of hyper and hypo arousal, compared to 6 of the 29 patients (22%) in the control group that did not practice yoga. Similarly, Hölzel et al. (2011a) found that yoga exercises such as breathing, mindfulness meditation, and postures could enhance self-awareness, attention, and emotional control while reducing PTSD symptoms.

One of the recent discoveries on yoga's effect on healing is yoga's contribution to a change in the brain structure. Grant et al. (2013), for example, compared the effects of over 1,000 hours of yoga practice on 18 yoga practitioners with a control group of 18 research participants who did not practice yoga. MRI results of the study showed that the cortical (outermost) areas of the yoga practitioners' brains were activated as a result of their participation in the exercise. These results suggest a positive contribution of yoga to the treatment of Attention Deficit and Hyperactivity Disorder (ADHD), a mental disorder attributed to neurodevelopment and often associated with difficulty paying attention. Consistent with Grant et al. (2013), Brefczynski-Lewis, Lutz, Schaefer, Levinson, and Davidson (2007) and Manna et al. (2010) found that a sustained practice of meditation stimulates the cortices and increases meditation practitioners' attention.

With respect to the effect of breathing, Hölzel et al. (2011a), Miller, Fletcher, and Kabat-Zinn (1995), and Brown and Gerbarg (2005) demonstrated a positive role of slow breathing in enhancing the function of the vagus (pneumogastric) nerve, which controls the heart, lungs, and stomach. These studies also showed that an activated vagus nerve effectively controls the sympathetic nervous system (responsible for a fight-or-flight response), stimulates the parasympathetic nervous system (supporting the body's "rest-and-breed" function), and keeps blood pressure constant—all essential for calming the hyperarousal system.

With respect to the effect of mindfulness practice, research has shown its positive impact on psychosomatic and stress-related symptoms such as anxiety, depression, chronic pain, immune function, blood pressure, and stress hormone release (Hölzel et al., 2011b;

Miller, Fletcher & Kabat-Zinn, 1995; Davidson et al., 2003). Moreover, Hölzel et al. (2010) analyzed the effect of eight weeks of mindfulness practice on 26 study participants and found that mindfulness-based stress reduction can even decrease the activity of the amygdala, which registers threats, while increasing resistance to potential triggers.

These findings from neuroscientific research indicate measurable effects of transpersonal psychology (for example, yoga and breathing) and experiential learning (for example, storytelling). And yet, the fact that neuroscientific research focuses mostly on *individuals* leads to a question about the applicability of these findings to collective healing. Recognizing this individual-collective gap is important because the nervous system, the primary focus of neuroscientific research, belongs to a single individual, not to a group of individuals. A collective trauma, like collective healing, on the other hand, is ultimately a product of conceptualization. It is an analytic category that researchers have developed to study a collective mindset and behavior. To produce credible empirical evidence on large-group psychology, more innovations in research methodology and theory-building are called for (Barsalou, 2007). Yet, the findings from the existing studies under review, including Volkan's psychoanalysis of large groups and Anderson's (1991) research on national identity, have already begun to demonstrate that formative social experiences widely shared by members of a historical community can powerfully shape the neuroscientific foundations of *collective* learning and psychosocial development. The next section of the essay will develop this theme further.

Implications for Applied Practice: A Brief Case Study of a Rwandan Psychosocial Support Initiative

The preceding sections of the essay have explored how transpersonal psychology and experiential learning complement each other to facilitate collective healing. They have also identified findings from neuroscientific research to support the proposed integrative approach to healing. This concluding section will present a brief case study of community-based psychosocial healing in Rwanda. The case study will illustrate how lessons from the preceding sections can be put into practice. It will also present preliminary findings from the evaluation research on this Rwandan initiative and explore ways in which the initiative can contribute to a broader scope of future research and practice. The overall goal of this concluding section is to bridge theory, research, and practice in collective psychosocial healing.

Munyandamutsa, Mahoro, Gex-Fabry, and Eytan (2012) estimate that 26.1 percent of Rwandans who survived the 1994 genocide suffer from chronic PTSD symptoms. Their study

shows that PTSD affects a disproportionately large portion of the vulnerable Rwandan population, especially survivors of rape and children born of rape, because of the severity of the discrimination and shame from which they suffer.

Recognizing these long-standing challenges in Rwandan society, the Ubuntu Center for Peace was established in July 2015 as a non-profit organization dedicated to community-based psychosocial healing (Ubuntu Center for Peace). Its founding members come from diverse professional disciplines. They include the two co-authors of this essay—a Rwandan medical doctor and an international peacebuilding scholar-practitioner. The cultural and philosophical foundation of the Center is the Ubuntu principle, "My humanity is inextricably bound up in yours" (Tutu, 2000, p. 31). The Ubuntu Center understands that genuine healing requires recognition of common humanity and a shared commitment to coexistence. It endeavors to bridge the gap between scientific research and applied practice; to promote purposeful networking among government, civil society, private sector, academic, and traditional leaders; to carry out community-led initiatives for collective healing; and to demonstrate evidence-based practice to positively influence policy discussions on psychosocial healing and reconciliation.

In June 2017, the Ubuntu Center for Peace, whose field office is located in Kamonyi District of Rwanda's Southern Province, trained forty local Community Healing Assistants in preparation for the Center's first pilot project in community-based psychosocial support. Each pair of trained Assistants were assigned to 15-20 trauma-affected community members. Twenty pairs of Community Healing Assistants had worked for fifteen weeks with over six hundred community members in total in a selected sector of Kamonyi District. The criteria for participant selection included a high degree of vulnerability associated with the severity of trauma as well as the individuals' consent to participate. The selected community participants included widows, ex-prisoners, unemployed youth, and young mothers of children born out of wedlock.

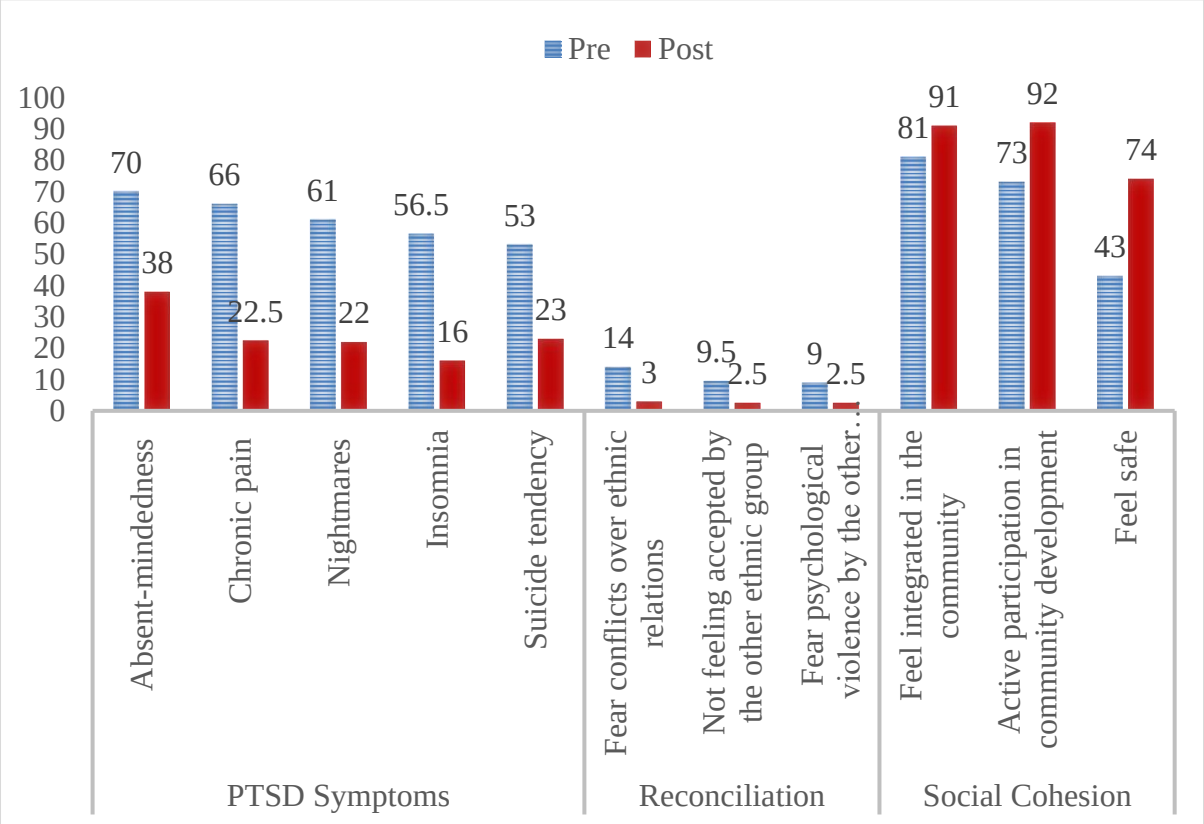
Each cohort of 15-20 community members met weekly with a pair of Community Healing Assistants (CHAs) for three hours. They participated in group-based healing exercises that incorporated elements of experiential learning and transpersonal psychology. The community participants created a safe space for storytelling, used metaphors to express their feelings, and performed community rituals together. They also experienced guided practices in yoga, qigong, and acupressure to restore the mind-body connection.

To measure the effectiveness of the 15-week process implemented between June 2017 and November 2018, the CHAs conducted the pre and post-treatment surveys using a standard

set of instructions the Center provided. There were three kinds of psychosocial wellness indicators the surveys introduced: (1) Post-Traumatic Stress Syndrome (PTSD) indicators, (2) reconciliation indicators, and (3) social cohesion indicators. The last two categories were designed to evaluate the combined effect of experiential learning and transpersonal psychology on *collective* healing, an important subject explored earlier. In order to carry out the pre and post-treatment surveys, the CHAs distributed questionnaires among participants in a small group setting. They then verbally explained each of the questions to the group to ensure the participants' comprehension. The participants individually and anonymously responded to each of the questions by marking either yes or no on the questionnaire sheet. Each of the questions focused on a specific indicator of a frequently observed psychosocial state. The results of the pre and post-treatment surveys are as follows:

Table 1

Effects of the Applied Practice of Experiential Learning and Transpersonal Psychology on Trauma-Affected Rwandan Community Members (Measured in Terms of the Percentage of the Research Participants): A Comparison between Pre and Post-Treatment Survey Results



The numbers of the pre- and post-treatment survey participants across all the indicators were 607 and 560, respectively. However, there are two exceptions—"suicide tendency" and "active participation in community development"—for which the numbers of the pre- and post-treatment survey participants were 466 and 433, respectively.

As the table shows, there is a consistent trend of decline across all the negative indicators of PTSD symptoms and reconciliation challenges. There is also a consistent trend of improvement across the three positive indicators of social cohesion. Though these results, like the pilot study itself, are still preliminary in nature, they do support the plausibility of the previously-stated proposition that an integrated practice of experiential learning and transpersonal psychology can enhance not only the psychosocial wellbeing and mental health of trauma-affected individuals but also their relationship-building and *collective* healing. These preliminary results suggest the promise of scaling up the Ubuntu Center's community-based healing initiative and evaluating its effectiveness to generate more robust, conclusive findings.

As the Ubuntu Center expands its contributions to collective healing and reconciliation in Rwanda and other African countries, it prioritizes four themes of inquiry and applied practice. The Center's vision is to stimulate broad-based public and policy discussions on these themes in order to encourage other organizations and leaders of psychosocial support to effectively promote their adaptations of holistic, integrated healing.

Theme 1: Connect research and practice.

The importance of sustained, proactive efforts to incorporate cutting-edge empirical research and theory into applied practice is still to be realized in the day-to-day reality of civil society and policy practice in Rwanda and in many other African countries. This gap remains unmitigated due in part to the lack of capacity, awareness, and willingness on the part of the psychosocial support practitioners whose exposure to such rigorous research and theory is limited. Researchers in neuroscience and cognate fields, on the other hand, rarely dedicate sufficient time to immerse themselves in the real-world contexts of collective trauma and healing to which their expert knowledge needs to be applied. The two authors of this essay, as active researcher-practitioners, aspire to fill this gap between research and practice through the Ubuntu Center's activities.

Theme 2: Demonstrate the power of integrated multidisciplinary practice.

The preceding analysis suggests not only how deeply neuroscience, transpersonal psychology, and experiential learning are connected but also how complementary they are. Furthermore, it highlights the promise of a synergistic approach that purposefully adopts

relevant contributions from each of the three fields and brings them together to serve conflict-affected communities and nations. The authors' experience suggests, however, that such an integrated approach is far from being commonplace in the actual field-based practice of psychosocial healing in Rwanda and in other parts of the world. The Ubuntu Center will actively explore how to systematically practice and promote an integrated approach to societal healing based on a balanced understanding of scientific research and practical experience.

Theme 3: Connect the local-national context to the international context of inquiry.

While Rwanda, like many other African countries, has made significant progress in expanding scientific research on trauma healing, the scope of well-tested, reliable knowledge is still limited, especially in neuroscience and transpersonal psychology. This limitation supports a call for greater collaboration between Rwandan and international researchers and practitioners. To overcome this limitation, the Rwandan-international partnership supporting the Ubuntu Center demonstrates how genuine and reciprocal exchanges of knowledge, skills, and experiences across countries and regions can enhance the organizational capacity to promote psychosocial healing.

Theme 4: Introduce evidence-based methods of social healing into policymaking and public action.

The preceding sections of the essay have examined the roles of metaphors, stories, and rituals in building caretaker-child relationships that can either facilitate or hinder collective healing across generations. They have also presented such examples of transpersonal practice as meditation, yoga, and t'ai chi whose applications to collective healing must still be developed and popularized. Use of the radio, TV, social media, films, and public theater to show live demonstrations of these transpersonal practices, followed by facilitated conversations and guided self-reflections, can expand the scope of social impact. Considering the significant potential of these activities, the Ubuntu Center actively disseminates these skills through public action and policy-relevant initiatives. Concretely, the Ubuntu Center endeavors to engage community leaders, traditional practitioners, professionals, and policymakers in lively public dialogues and policy forums. These dialogues and forums will explore how to use the tools and carriers of meaning-making, such as local rituals and yoga, in order to nurture positive caretaker-child relationships and promote public mobilization. Drawing on the combined strength of scientific research and reflective practice, the Ubuntu Center will play a catalytic role in identifying and utilizing tools and carriers that can bring previously divided individuals and communities together to facilitate collective healing. The Center will also explore how to introduce these tools and carriers into policymaking through

such means as public mental health support, the strengthening of existing reconciliation practices, history and peace education, and public ceremonies.

These four themes stem from the Ubuntu Center's core belief that trauma-affected communities and nations can learn to heal. They suggest concrete ways in which the essential findings from this study—namely, (1) the complementarity of transpersonal psychology and experiential learning, (2) neuroscientific support for their applications to integrated practice, and (3) the possibility of community-based social healing—can be put into practical use. These themes along with the findings from this study cogently illustrate the mutually reinforcing roles of empirical research, theory development, and applied practice in psychosocial healing and reconciliation.

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